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10A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Bond Pharmacy, Inc. dba Advanced Infusion Solutions

Physical Address: 18451 Dallas PKWY STE 125, Dallas, Texas 75287-5202

Mailing Address: 623 Highland Colony Pkwy, Suite 100

City: Ridgeland State: Mississippi Zip Code: 39157

Telephone: 877-443-4006 Fax: 888-298-2220

Toll Free Number: 877-443-4006 (Required per NAC 639.708)

E-mail: licensing@aiscaregroup.com Website: aiscaregroup.com

Managing Pharmacist: Jonathan Hamer License Number: Texas-49333

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community

Other: Close door sterile
compounding
pharmacy

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care

Sterile Compounding **

Non Sterile Compounding

Mail Service Sterile Compounding **

Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

See attached letter regarding our sister pharmacy that shares the same tax ID. This information was previously provided.

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Ford

Print Name of Authorized Person

10-17-19
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Mississippi

Parent Company if any: See Attachment #1

Mailing Address: 623 Highland Colony Pkwy., Ste. 100

City: Ridgeland State: MS Zip: 39157

Telephone: 877-443-4006 Fax: 877-415-4050

Contact Person: Sarah Tew

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

N/A

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday See* am See* pm
Sunday See* am See* pm 24 Hours See*

* Pharmacist is available 24/7/365

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors Attachment #2 - Organizational Chart

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Bond Pharmacy, Inc. (file number 801233019), a MISSISSIPPI, USA, Foreign For-Profit Corporation, was filed in this office on February 18, 2010.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate NATIONAL REGISTERED AGENTS, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1999 BRYAN ST., STE. 900

DALLAS, TX - 75201 3136 USA

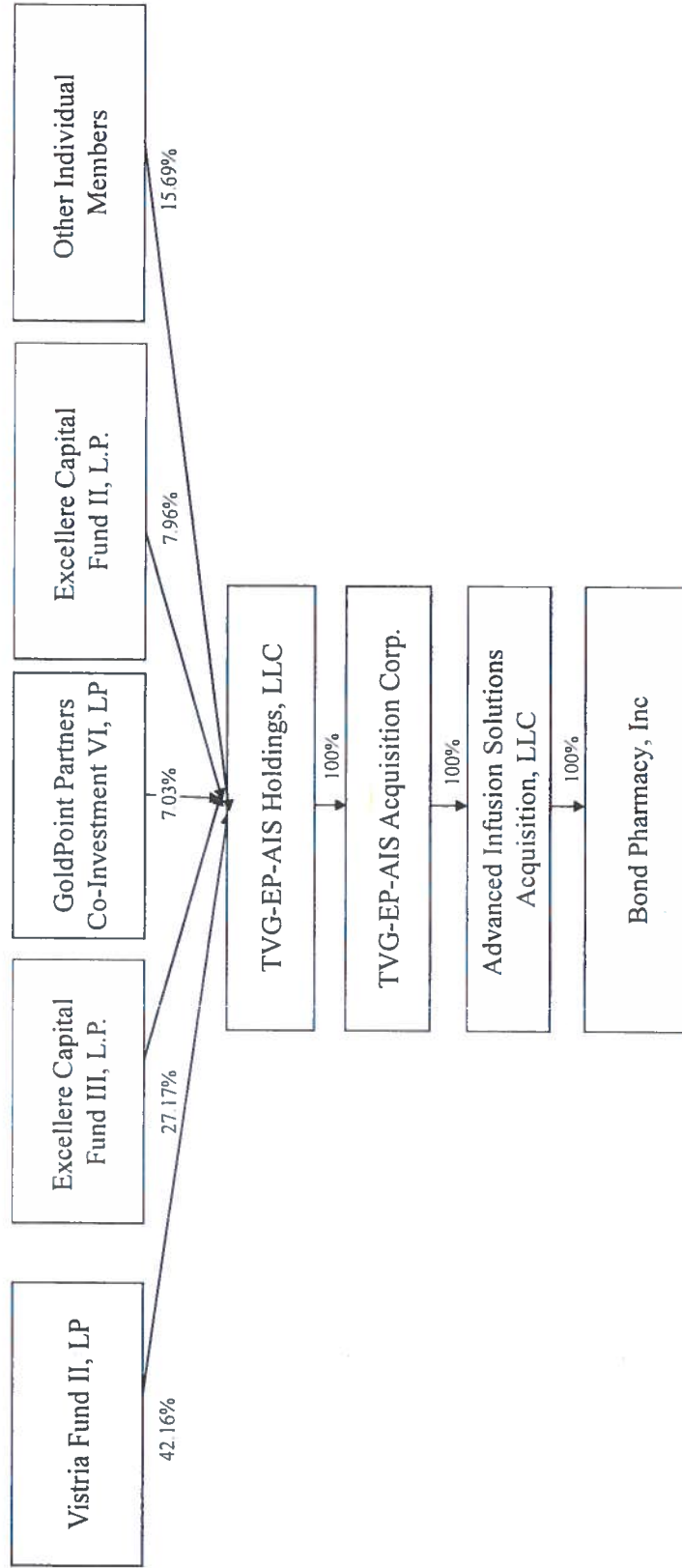
In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 23, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Organizational Structure





HealthCare™

Patient. Care. Trust.

October 11, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 8921

Dear Nevada State Board of Pharmacy,

Bond Pharmacy, Inc. dba Advanced Infusion Solutions in Dallas, Texas ("AIS") has had no disciplinary action taken against the pharmacy. AIS also has a sister pharmacy in Ridgeland, MS. Both pharmacies share the same tax identification number. Therefore, we are disclosing the information below.

In April of 2018, our sister pharmacy in Ridgeland, Mississippi entered into a settlement agreement with the Maine Board of Pharmacy ("Maine Board") for an administrative action based upon their delay in reporting a change in pharmacist-in-charge ("PIC"). As part of the settlement, the Maine Board issued a warning and imposed a civil penalty of \$250 because the PIC change was reported within seven business days rather than seven calendar days. Please note this issue has nothing to do with the quality of the compounded preparations or the compounding operations of the Ridgeland, Mississippi location.

If you have any questions or need additional information, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Simon Castellanos", with a horizontal line extending to the right.

Simon Castellanos
Chief Executive Officer



18451 North Dallas Parkway, Suite 150
Dallas, TX 75287

P: 601.988.1700 | 877.443.4006
F: 601.988.1701 | 888.298.2220

www.AISCareGroup.com

Bond Pharmacy, Inc. dba Advanced Infusion Solutions Officers/Directors:

State of Incorporation: MS

Business Address: 18451 Dallas Parkway,
Ste. 125
Dallas, TX 75287Officers:

Chief Executive Officer: Simon Castellanos
Home Address: North Houston Street, Apt. 406
Dallas, TX 75219

Vice President/Asst. Secretary: Christopher Ryan Glaws*
Home Address: Hudson Street
Denver, CO 80220

Vice President/Asst. Secretary: Jonathan Maschmeyer*
Home Address: W. Wolfram Street
Chicago, IL 60657

Chief Financial Officer: Ross Kamm
Home Address: 1 Dyer Way
Broomfield, CO 80023

Signing Authority Granted to:

Chief Operations Officer: Michael E. Ford
Home Address: 9 N. Old Canton Rd
Canton, MS 39046

* = Director

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Ford

Responsible Person of Bond Pharmacy, Inc. dba Advanced Infusion Solutions

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Ford, Chief Operating Officer

Print Name of Authorized Person

10-17-19

Date

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

ADVANCED INFUSION SOLUTIONS
18451 DALLAS PKWY STE 125
DALLAS TX 75287



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **32500**

Expiration Date: **3/31/2021**

Balances: **3**

ADVANCED INFUSION SOLUTIONS
18451 DALLAS PKWY STE 125
DALLAS TX 75287



Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW



TEXAS STATE BOARD OF PHARMACY

Re: Advanced Infusion Solutions

Address: 18451 Dallas Parkway Suite 125
Dallas, Texas 75287

License No.: 32500

Date Issued: March 6, 2019

Licensure Status: Active

Expiration Date: March 31, 2021

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Advanced Infusion Solutions (Texas Pharmacy License #32500) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway
Assistant General Counsel
Texas State Board of Pharmacy

June 21, 2019
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.



1:3
401/645
ADVANCED INFUSION SOLUTIONS
623 HIGHLAND COLONY PKWY STE 100
RIDGELAND, MS 39157-6077



10032412.2/001058-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8291560	06-30-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019
ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA8291560	06-30-2022	\$731
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ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202		

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537
FA8291560	06-30-2022	\$731	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-22-2019	Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
ADVANCED INFUSION SOLUTIONS BOND PHARMACY INC 18451 DALLAS PKWY STE 125 DALLAS, TX 75287-5202			
Form DEA-223/511 (9/2016)	REPORT CHANGES PROMPTLY		REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE To request a change to your registered name, address, the drug schedule or the drug codes you handle, please
			1. visit our web site at deadiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9539 - or 3. submit your change(s) in writing to: Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639 See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

10B

10/21

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Physical Address: 13825 Cerritos Corporate Drive, Ste A, Cerritos, CA 90703

Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895

City: Cerritos State: CA Zip Code: 90703

Telephone: 562-229-3500 Fax: 562-229-3590

Toll Free Number: 888-678-0505 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com Website: _____

Managing Pharmacist: Katrina Nguyen License Number: RPH59998

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: LTC

All boxes must be checked
 For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

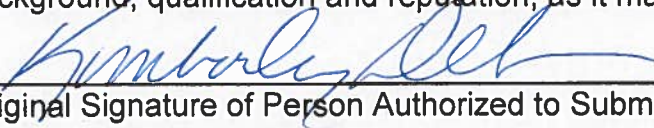
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley M. DeSousa

Print Name of Authorized Person

10/16/19
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Omnicare Holding Company

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-770-6431 Fax: 401-216-0381

Contact Person: Kimberley Desousa

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - Omnicare Holding Company - 100% owner

Name Address

b) _____

Name Address

c) _____

Name Address

d) _____

Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? .01

4) What date did the corporation actually receive the cash assets? 1/27/1998

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberley M. DeSousa

Responsible Person of Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberley M. DeSousa, Assistant Secretary

Print Name of Authorized Person

10/16/15
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles) ss.
COUNTY)

I, Katrina Nguyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Omnicare of Cerritos (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Katrina Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
___ day of ___, 20__.

NOTARY PUBLIC

Katrina
Name KATRINA NGUYEN

**Please see attached for
CA Gov't Code 8202
compliant jurat.**

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 8th day of October,

2019 by Katrina Nguyen

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Handwritten Signature] (Seal)



OPTIONAL INFORMATION

INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit for out of state

(Title or description of attached document)

Pharmacy license

(Title or description of attached document continued)

Number of Pages 01 Document Date —

Onnicare of California

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Retail Pharmacy Permit

LICENSE NO. PHY 54226
RECEIPT NO. 00159874

VALID UNTIL AUGUST 01, 2020

OMNICARE OF CERRITOS
13825 A & A2 CERRITOS CORP. DR
CERRITOS CA 90703

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

06/06/19
06/06/19

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE ---- POST IN PUBLIC VIEW -----

FORM WPHPHY (12/31/05) PH

EVERGREEN PHARMACEUTICAL OF CALIFORNIA
13825 A & A2 CERRITOS CORP DR
CERRITOS, CA 90703-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE9471652	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	08-15-2017
EVERGREEN PHARMACEUTICAL OF CALIFORNIA OMNICARE OF CERRITOS 13825 A & A2 CERRITOS CORP DR CERRITOS, CA 90703-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE9471652	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	08-15-2017
EVERGREEN PHARMACEUTICAL OF CALIFORNIA OMNICARE OF CERRITOS 13825 A & A2 CERRITOS CORP DR CERRITOS, CA 90703-0000		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Entity Name Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Corporate Officers

Management Name	Title	% of Ownership	Business Address	Telephone
Moffatt, Thomas S.	President/Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
DeNale, Carol A.	SVP and Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Temple Cecilia	Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Beaulieu, Sheelagh	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Clark, Jeffrey E.	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Buchanan-Wood, Carrie	Assistant Treasurer	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Cimbron, Linda M.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
DeSousa, Kimberley M.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Luker, Melanie K.	Assistant Secretary	0	One CVS Drive, Woonsocket, RI 02895	401-765-1500



BOARD OF PHARMACY

ISSUANCE DATE
AUGUST 5, 2016

EXPIRATION DATE
AUGUST 1, 2020

CURRENT DATE / TIME
OCTOBER 4, 2019
7:24:26 AM

LICENSING DETAILS FOR: PHY 54226

NAME: OMNICARE OF CERRITOS
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR [O](#)

ADDRESS
 13825 A & A2 CERRITOS CORP DR
 CERRITOS CA 90703
 LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: OMNICARE OF CERRITOS
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 100935 **PRIMARY STATUS:** CLEAR

ADDRESS:
 13825 A & A2 CERRITOS CORPORATE DR
 CERRITOS CA 90703
 LOS ANGELES COUNTY

NAME: NGUYEN, KATRINA KLEIN
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 59998 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

EVERGREEN PHARMACEUTICAL OF CALIFORNIA, INC.

FILE NUMBER: C2067811
FORMATION DATE: 01/27/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 03, 2019.

ALEX PADILLA
Secretary of State

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2014 63230	Name, License No. OMNICARE OF CERRITOS, PHY 46722 (Cancelled)
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JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1793.7 subd. (f)	Requirements for pharmacies employing pharmacy technicians; pharmacist to technician ratio	\$5,000.00

CONDUCT:

California Code of Regulations section 1793.7 subsection (f) states for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Omnicare of Cerritos, PHY 46722 was non-compliant. Specifically, during an inspection conducted on 5/2/2016, Omnicare of Cerritos, PHY 46722 located at 13825 A & A2 Cerritos Corp Dr., Cerritos CA, had nine technicians performing job duties of a technician under the supervision of three pharmacists as seen in highlighted portions of table below. The ratio was less than one pharmacist on duty for a total of two technicians on duty. This is a violation of pharmacy law.

Table showing employee location and activity as observed by Inspector Patell between 2 pm and 3.30 pm on 5/2/2016:

NAME OF EMPLOYEE	LICENSE NUMBER	AREA OBSERVED IN	TASKS BEING PERFORMED
Alvyda Bobineine	TCH83997	PV2	Pouring liquid into labeled bottle
Caridad Arrogante	TCH15507	PV2	Bubble packing
Christopher Cortez	TCH104873	IV order entry	Stocking pumps
Dante Bautista	TCH59833	PV2	Placing order for drugs/supplies
Desiree Gutierrez	Externship trainee	PV2	Putting away order
Gricelda Valencia Morales	TCH131814	PV2	Bubble packing
Hung Hsien Lin	TCH128081	IV order entry	Inputting in computer
Juan C Carrillo	TCH37504	IV preparation	Staging drugs and supplies for patient-specific compounding
Jung Kang	Externship trainee	PV2	Putting away order
Lida Datamalchi	TCH58012	PV2	At computer, doing returns
Linh K Hua	TCH57651	PV2	Labeling e-kits and

			logging them out to go to facilities
Manuel Santana Gijon	TCH143390	IV order entry	Inputting in computer
Matthew L Mena	TCH143390	IV preparation	Staging drugs and supplies for patient-specific compounding and later, in garbed and in ISO 7 IV room
Ngoc T Le	TCH89886	PV2	Bubble packing
Phoemsuk N To	TCH127767	PV2	Bubble packing
Saul Mendoza	TCH60126	PV2	Bubble packing
Shannon M Dunn	TCH44408	PV2	Labeling bubble packs- filling

CITATION ISSUED ON: November 22, 2016

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: December 22, 2016

2068C

OMNICARE PHARMACY OF PUEBLO, L

CHECK NO. 10884069

PO VEND	INVOICE NO.	INV. DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
2068C	CI201570758	01-30-2018	3,000.00	0.00	3,000.00
20 TOTALS >					\$3,000.00

Remittance Advice

Checks cleared through Positive Pay



CVS 48221 52-60
CI 20570758

OMNICARE PHARMACY OF PUEBLO, L
1 CVS Drive, Woonsocket, RI 02895

Three thousand and 00/100 Dollars

PAY TO THE
ORDER OF
KeyBank National Association
Portland, ME

CALIFORNIA STATE BOARD OF PHARMACY (L)
1825 N MARKET BLVD
STE N219
SACRAMENTO, CA
95834

Date
02-14-2018

Corp. Vendor
2068C

10884069
Check Amount
\$3,000.00
Not Valid Over 180 Days

⑈ 10884069 ⑈ ⑆ 011200608 ⑆ 190991900456 ⑈

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2015 70758	OMNICARE OF CERRITOS, PHY 46722 (CANCELLED)

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)	Operational Standards and Security; pharmacy responsible for pharmacy security	\$2,000.00
Bus. & Prof. Code § 4081 subd. (a)/Bus. & Prof. Code § 4105 subd. (a)	Records of dangerous drugs kept open for inspection/Retaining Records of Dangerous Drugs and Devices on Licensed Premises	\$1,000.00

CONDUCT:

California Code of Regulations 1714(b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to the theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of California Code of Regulations 1714(b) for failing to maintain adequate security of controlled substances.

Business and Professions Code 4081(a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. Business and Professions Code 4105(a) states all records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of Business and Professions Codes 4105(a) and 4081(a) for failing to maintain a current inventory and records of disposition.

CITATION ISSUED ON: January 30, 2018

TOTAL AMOUNT OF FINE(S): \$3,000.00

PAYMENT OF FINE(S) DUE BY: March 01, 2018

020002068C

CVS PHARMACY, INC

CHECK NO. 50059005

PO VEND	INVOICE NO.	INV. DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
02000206	201880991	10-16-18	500.00	0.00	500.00
TOTALS >					\$500.00

Remittance Advice

Checks cleared through Positive Pay



CVS 48211 ⁶²⁻²⁰/₃₁₁

Date 06-25-2019 Corp. Vendor 020002068C

50059005 Check Amount *****\$500.00 Not Valid Over 180 Days

CVS PHARMACY, INC
1 CVS Drive, Woonsocket, RI 02895

Five hundred and 00/100 Dollars

PAY TO THE ORDER OF

CALIFORNIA STATE BOARD OF PHARMACY
1625 N MARKET BLVD
STE N219
SACRAMENTO, CA
95834

CITIBANK, N.A.
One Penn's Way
19720

Carol She

⑈ 50059005⑈ ⑆ 03 1 100 209⑆ 38 258 306⑈

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2018 80991	OMNICARE OF CERRITOS, PHY 54226

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4201 subd. (f)	Pharmacy license shall authorize the holder to conduct a pharmacy. Renewed annually and shall not be transferable	\$500.00
Bus. & Prof. Code § 4201 subd. (j)	Any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board.	Citation without a fine
CCR, Title 16, § 1709 subd. (a)	Names of Owners and Pharmacist in Charge; Each permit to operate a pharmacy shall show the name and address of the pharmacy, the form of ownership, the pharmacist in charge and the names of all owners and the names of the corporate officers (if a corporation). Any changes must be reported to the Board in writing within 30 days	Citation without a fine
CCR, Title 16, § 1709 subd. (b)	Any transfer, in a single transaction or in a series of transactions, of 10 percent or more of the beneficial interest in a business entity... Shall require written notification to the board within 30 days	Citation without a fine
CCR, Title 16, § 1709 subd. (c)	The following shall constitute a transfer of permit and require application for a change of ownership: any transfer of beneficial interest in a business entity licensed by the board...	Citation without a fine

CONDUCT:

Business and Professions Code section 4201(f) states that pharmacy licenses shall be renewed annually and are not transferable. Specifically, Evergreen Pharmaceutical of California, d/b/a Omnicare of Cerritos changed ownership and operated with a nontransferable license between August 18, 2015 and August 5, 2016 (approximately 353 days).

Business and Professions Code section 4201(j) requires pharmacy licenses to report any change in beneficial ownership within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(a) requires any changes in the pharmacist-in-charge, or owners, or corporate officers to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(b) requires any transfer of 10 percent or more of the beneficial interest in a business entity licensed by the Board, to a person or entity who did not have a beneficial interest at the time the original license was issued, to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(c) requires any transfer of ownership resulting in the transferee's holding 50% or more of the beneficial interest in the licensed entity to be reported to the Board on a change of ownership application. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

CITATION ISSUED ON: October 16, 2018

TOTAL AMOUNT OF FINE(S) \$500.00

PAYMENT OF FINE(S) DUE BY: November 15, 2018